

## CONFIDENTIAL FINANCIAL ANALYSIS—Estate Planning

Date: \_\_\_\_\_

Client(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In order to provide the best possible estate planning advice during the funding meeting, it is essential that our office now have more detailed financial information than originally provided in the Pre-Appointment Questionnaire. While it was pertinent to know totals for checking accounts, IRAs, and other assets in the Estate Strategy Session, it is now more important to know that there are actually, for example, 3 checking accounts and who owns them. This is in order for us to advise you on what actions to specifically take to ensure all three of those checking accounts work with your revocable living trust.

The information requested in this packet is essential, but we do not need account numbers nor do we need dollar values. Please keep in mind that we cannot provide advice about an account if we do not know that the account exists. **DO NOT START TRYING TO MAKE CHANGES UNTIL AFTER THE FUNDING MEETING WITH THE ATTORNEY.**

Upon completion, please bring this to the signing meeting which should already be scheduled. If this meeting has not been scheduled yet, then please contact us as soon as possible to set up this important appointment.

The Law Offices of Jeffrey G. Marsocci, PLLC  
8406 Six Forks Road, Suite 102  
Raleigh, North Carolina 27615  
(919) 844-7993  
jeff@livingtrustlawfirm.com

**CASH & SAVINGS**

*(Includes Checking Accounts, Savings Accounts, Share Accounts, CDs, Treasury Bills, and Money Market Accounts)*

Institution/Account Type

Owned By

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**REAL ESTATE**

*(Includes all land, partial interests in land, timeshares, and other property with a deed, but specifically excludes land owned by a corporation or limited liability company.)*

Property/Location/Type

Owned By/Percentage

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**FIXED & OTHER ASSETS**

*(Includes notes receivable, specific valuable artwork, automobiles, deeds of trust granted by clients, and other assets not listed elsewhere on this form).*

Account or Asset Type

Owned By

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**RETIREMENT PLANS**

*(Includes IRAs, Keoughs, SEP IRAS, 401ks, Profit Sharing Plans, TSAs, ESOPs, Deferred Compensation, Inherited IRAs, etc.).*

Institution/Account or Asset Type

Owned By/Right of Survivorship

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**LIFE INSURANCE**

Institution/Insurance Type

Owned By/Right of Survivorship

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**FOR IN-OFFICE USE ONLY. PLEASE DO NOT SIGN UNTIL IN THE MEETING WITH THE ATTORNEY**

By signing below, I/we attest that to the best of our knowledge and belief that all assets owned by me/us are listed in this form and that no other assets exist. I/we understand that the Attorney and firm cannot properly advise us on handling assets and accounts they are not aware of.

\_\_\_\_\_  
Client 1

\_\_\_\_\_  
Client 2

Date: \_\_\_\_\_

Date: \_\_\_\_\_